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Forciogal Specialist
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FILLING DAYS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-S78) CLAHMS APTER AFTER LIST AMENDMENT DEP. 'IND. DEP. IND. AS FILED DEP. IND. IND. DEP. DEP. HO. DEP. IND. 85. . • , . 88 . 89 \$ <u>811</u> . 11 70 . ध . 75 . 25 25. T . ,78 **\$0** a • 85 . 86 -89 · 81 w **V3**" .10 WITH ER LOS TENEDONT CLYBO OF THOMSELENIA STATE AND ASSESSED OF THE PARTY OF THE PA

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